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Complete if Known		
Application Number	09/980,326	
Confirmation Number	9921	
Filing Date	November 30, 2001	
First Named Inventor	W. E. Beimesch et al.	
Examiner Name	M. V. Einsmann	
Art Unit	1751	
Attorney Docket No.	7629	
	Confirmation Number Filing Date First Named Inventor Examiner Name Art Unit	

METHOD OF PAYMENT	FEE CALCULATION (continued)			
1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any				
additional fee(s) during the pendency of this application to:	Code (\$) <u>Fee Description</u> <u>Fee Paid</u>			
Para training and the second s	1051 130 Surcharge-late filing fee or oath	D		
Deposit Account Number: 16-2480	1052 50 Surcharge-late provisional filing fee or cover sheet	Ö		
Deposit Account Name: The Procter & Gamble Company	1053 130 Non-English specification	Ö		
	1812 2,520 For filing a request for ex parte reexamination	ñ		
	1804 920* Requesting publication of SIR prior to			
	Examiner's action	П		
FEE CALCULATION	1805 1,840* Requesting publication of SIR after	13		
	Examiner's action	O .		
1. BASIC FILING FEE - Large Entity	1251 110 Extension for reply within 1st month	0		
	1252 420 Extension for reply within 2°d month	0		
Code (\$) Fee Description Fee Paid	1253 950) Extension for reply within 3rd month			
1001 770 Utility filing fec []	1254 1,480 Extension for reply within 4th month	D ₁		
1002 340 Design filing fee	1255 2,010 Extension for reply within 5th month	[]		
1004 770 Reissuc filing fee	1401 330 Notice of Appeal	D		
1005 160 Provisional filing fee []	1402 330 Filing a brief in support of an appeal	0		
	1401 305 5			
SUBTOTAL (1) (\$)[0]	1451 1 510 10 11 11			
	1470 110 m. i.e.	n u		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity	1467 1200 0 00	u [1330]		
	1501 1 770 Figure 11- 0 4 1 1	[1330]		
Extra Fee from Fee	1500 490 Decision 5	[]		
<u>Claims</u> B <u>clow</u> Paid	1440 100 0.44	Ü		
Total Claims [] -20** = [] x [] =-[]	1907 CO D	តី [
Independent Claims [] - 3**= [] x [] =[]	1906 190 Euleuterte et e	ö l		
Multiple Dependent [] = []	1809 770 Filing a submission after final rejection	'		
** or number previously paid, if greater, For Reissues, see below	the down is a second in	o l		
6	1810 770 For each additional invention to be	~		
Code (5) Fee Description	examined (37 CFR §1.129(b)	o I		
1202 18 Claims in excess of 20	1801 770 Request for Continued Examination (RCE)	ā i		
1201 86 Independent claims in excess of 3	1802 900 Request for expedited examination			
1203 290 Multiple dependent claim if not paid	of a design application			
,	1454 1330 Acceptance of unintentionally delayed claim for)		
and parameter of the parameter parents	priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)			
1205 18 **Reissue claims in excess of 20 & over original patent		1		
	Other fee (specify)			
	Other fee (specify)) [
SUBTOTAL (2) (\$) 0]	* Reduced by Basic Filing Fee Paid SUBTOTAL(3) (\$) [2,	660]		

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Brahm J. Corstanje	Registration No. (Attorney/Agent)	34,804	Telephone	(513) 627-7533
Signature	ENTIC.			Date	July 27, 2004

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is completed to take 12 minutes to complete, including gathering, proparing, and submitting the completed this burden, should be sent to the Chief information Officer, U.S. Patent and fradement Office, U.S. Department of Commerce, P. O. Box 1450, Alternativa, VA 22313-1450, DO NOT FEET ON COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT Feetrand, doc (Revised for P&C use 9/22/2003)